



27TH ANNUAL SAN DIEGO PEOPLE FIRST SELF- ADVOCACY CONFERENCE “DARE TO DREAM”

**MISSION VALLEY MARRIOTT, 8757 RIO SAN DIEGO DR., SAN DIEGO 92108
FRIDAY, JUNE 2ND – SATURDAY, JUNE 3RD, 2017**

SAN DIEGO'S PEOPLE FIRST CONFERENCE IS A TWO-DAY EVENT FOR SELF-ADVOCATES AGE 18 & OVER, AGENCY STAFF, AND FAMILY MEMBERS. THE CONFERENCE INTRODUCES PARTICIPANTS TO THE POWER AND IMPORTANCE OF THE PEOPLE FIRST MOVEMENT – THE RIGHTS MOVEMENT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. THROUGH WORKSHOPS, EXHIBITS, SOCIAL TIME AND NETWORKING, THE CONFERENCE PROVIDES A FORUM FOR SELF-ADVOCATES TO SHARE CONCERNS, GOALS AND SUCCESSES. ON JUNE 2ND – 3RD COME AND BE A PART OF THE SELF-ADVOCATE EMPOWERMENT MOVEMENT IN SOUTHERN CALIFORNIA.

CONFERENCE SCHEDULE – PLEASE NOTE CHANGE IN FORMAT!!

(Specific timeframes and activities noted on schedule are subject to modification before conference dates)

FRIDAY, JUNE 2ND, 2017

4:00 PM – 6:00 PM

- REGISTRATION
- ENTERTAINMENT AND ACTIVITIES

6:00 PM – 7:30 PM

- BANQUET DINNER

7:30 – 10:30 PM

- DANCE WITH “SKATE THIS PRODUCTIONS”

NED ROUNDTREE & JEREMIAH WOODS

QUESTIONS?

Contact Carmel (858) 571-7803 x 118
or Laura (858) 278-5420 x 132 /
Lkrebs@ucpsd.org

If you would like an electronic copy of the
conference forms and materials email

Lkrebs@ucpsd.org

Also available at:

<http://ucpsd.org/programs/self-advocacy.html>
or www.sandiegopeoplefirst.com

SATURDAY, JUNE 3RD, 2017

8:30 AM – 9:30 AM

- REGISTRATION
- CONTINENTAL BREAKFAST

9:30 – 10:30 AM

- OPENING / KEYNOTE

10:45 AM – 11:45 AM

- WORKSHOP SESSION #1

12:00 – 2:00 PM

- LUNCH
- PEOPLE FIRST STREET FAIR
 - Self-Advocate Artist Vendors / Micro-enterprises
 - Community Resource Exhibitors
 - Entertainment
 - Refreshments

2:15 PM – 3:00 PM

- WORKSHOP SESSION #2

3:15 PM – 4:00 PM

- WORKSHOP SESSION #3

4:15 – 5:00 PM

- OPEN MIC AND FINAL DOOR PRIZE DRAWINGS!

SAN DIEGO PEOPLE FIRST SELF-ADVOCACY CONFERENCE
Friday, June 2nd & Saturday, June 3rd, 2017

NEW REGISTRATION PROCESS FOR 2017!!!

There are four registration options for attending the conference in 2017...

1. Attend the Friday night dinner/dance only
2. Attend the Saturday conference only
3. Attend the Friday night dinner/dance, stay overnight at the hotel, and attend the Saturday conference
4. Attend the Friday night dinner/dance, go home for the night and return for the Saturday conference

The Self-Advocacy Conference is now vendored with San Diego Regional Center, meaning that SDRC can help pay for your SATURDAY registration fees if you are a client of SDRC (one conference per year, per person). SDRC cannot help pay for any of the Friday registration fees - you are still responsible for paying all Friday fees, including dinner and hotel.

If you ARE client of San Diego Regional Center:

- Call your SDRC Service Coordinator – tell them you want to go to the conference and want their help paying for Saturday registration fees – the vendor number is **PY0871**
- Ask for self-advocacy training/the conference to be added to your IPP (an “IPP addendum”)
- Fill out the Saturday registration form and include your service coordinator’s name and phone number
- Fill out the Friday registration form – you must pay for the Friday fees yourself!
- Send completed forms and Friday payment to UCP

If you are NOT a client of SDRC (or if SDRC already paid for you to attend a different conference this year):

- Fill out the Friday registration form **AND** the Saturday registration form
- Add the cost for Friday registration and cost for Saturday registration
- Send completed forms and total payment to UCP



ATTENDANT CARE IS NOT PROVIDED - All direct support (including supervision, medication management and personal care) is the responsibility of each conference participant to arrange. If you need attendant care or direct support during the conference, you should schedule your assistance just like you would if you were in your home. Your IHSS worker, paid roommate, friend, family member or group home staff may accompany you at the conference. All aides/support staff **must fill out their own registration forms and pay the indicated conference fees** in order to attend the conference. A limited number of reduced-rate registrations are available for Saturday conference (see Saturday registration form). Aides attending on Friday and/or staying in hotel must pay the fee amount as indicated on Friday registration form.

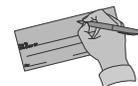
REGISTRATION DEADLINE: MAY 5th, 2017

All registration forms/payments must be received by this date. No refunds will be given after **May 5th**

Make Checks Payable to **United Cerebral Palsy**

Mail to: 8525 Gibbs Drive, Suite 209

San Diego, CA 92123



SAN DIEGO PEOPLE FIRST SELF-ADVOCACY CONFERENCE

Friday, June 2nd & Saturday, June 3rd, 2017

Cost: All prices are cost per person. The sleeping room entrances are 36" wide and the bathroom entrances are 30" wide. **ACCESSIBLE ROOMS HAVE ONE KING BED AND ACCOMMODATE ONLY 2 PERSONS.** Each person will have his or her own key-card. Unless requested otherwise, all rooms will have 2 queen-size beds.

		<i>San Diego County Resident</i>	<i>Out of County Resident</i>	<i>Includes</i>
Friday, June 2nd	<i>Dinner/Dance Only (no room)</i>	\$ 35.00	\$ 65.00	<i>Activities and Entertainment Banquet Dinner Dance Hotel Room (optional)</i>
	<i>Own Room</i>	\$ 195.00	\$ 225.00	
	<i>Two (2) People in Room</i>	\$ 120.00	\$ 150.00	
	<i>Three (3) People in Room</i>	\$ 95.00	\$ 125.00	
	<i>Four (4) People in Room</i>	\$ 85.00	\$115.00	
Saturday, June 3rd		\$ 170.00	\$ 170.00	<i>Conference T-shirt & Materials Continental Breakfast Lunch Keynote and Workshops Street Fair</i>

Dare to Dream!!!

Our 2017 conference will focus on new/upcoming legislative and service changes and on setting goals, managing or creating change, and the power of self-advocacy. We will explore topics such as:

- *Employment 1st and Self-Determination*
- *Legislative advocacy*
- *Making change in your IPP*
- *The future of self-advocacy*
- *Personal growth & making positive lifestyle changes*
- *Setting your own goals in your life*



Please note: the Marriott Hotel is NOT providing complimentary parking for the 2017 conference.

Parking at the hotel will cost \$10.00 per vehicle (overnight or day-only), to be paid when you leave the parking lot. If you are using public transportation there are bus stops (6, 18) and a trolley station (Green Line/Rio Vista Station) down the street.

Conference Registration Checklist!!!

- Completed **FRIDAY** registration form and payment. List names of roommates, if staying overnight. *Support Staff must submit their own registration forms & payment.*
- Completed **SATURDAY** registration form and payment. (OR San Diego Regional Center Service Coordinator information, if SDRC is funding your Saturday conference fees.)
- Completed and **SIGNED** Emergency information and waiver form
- Return (1) completed applications, (2) emergency information & signed waiver form, and (3) correct payment by May 5th, 2017. 8525 Gibbs Dr., Suite 209, San Diego, CA 92123

All registration forms/payments must be received by **May 5th, 2017**. No refunds will be given after this date.

INCOMPLETE REGISTRATION PACKETS CAN NOT BE PROCESSED.

Contact Laura Krebs at (858) 278-5420 x 132 / Lkrebs@ucpsd.org with any questions.

27th Annual San Diego People First Self-Advocacy Conference

FRIDAY NIGHT REGISTRATION FORM – JUNE 2nd

Remember to complete the additional registration form for Saturday registration!

PLEASE PRINT INFORMATION CLEARLY. COMPLETE ONE REGISTRATION FORM PER PERSON ATTENDING THE CONFERENCE, INCLUDING ATTENDANTS & SUPPORT STAFF.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

Please check: _____ Consumer _____ Parent _____ Attendant/Staff _____ Other

ADA ACCOMMODATIONS NEEDED: _____

Friday activities include dinner, dance, and overnight hotel stay (optional).

Please check **ONLY ONE**:

_____ Dinner **ONLY (NO ROOM)**

_____ Dinner + Own room

_____ Dinner + Two people in room

_____ Dinner + Three people in room

_____ Dinner + Four people in room

<i>San Diego/ Imperial County Resident</i>	<i>Out of County Resident</i>
\$ 35	\$ 65
\$ 195 EACH Person	\$ 225 EACH Person
\$ 120 EACH Person	\$ 150 EACH Person
\$ 95 EACH Person	\$ 125 EACH Person
\$ 85 EACH Person	\$ 115 EACH Person

***Roommate Request:** If you are staying overnight and registering for a shared room, you must list the names of all roommate(s). **We cannot find a roommate for you!** Your roommate(s) must also submit their own registration and payment for the conference. **IF YOU ARE PAYING FOR A SHARED ROOM AND DO NOT INCLUDE THE NAMES OF YOUR ROOMMATES YOUR REGISTRATION WILL NOT BE PROCESSED.**

1. _____

2. _____

3. _____

THIS FORM IS FOR FRIDAY NIGHT ONLY!!! If you are also attending the conference on Saturday, you must complete the blue Saturday registration form and return all forms/payment together.

DON'T FORGET TO SIGN AND RETURN ENCLOSED EMERGENCY INFORMATION AND WAIVER FORM!

If you have questions, call Carmel at **(858) 571-7803 x 118** or Laura at **(858) 278-5420 x 132**
COMPLETED REGISTRATION PACKET, INCLUDING ALL FORMS AND PAYMENT, **DUE BY May 5th, 2017.**

Make checks payable to United Cerebral Palsy (UCP). Mail payment and all completed forms to:
Self-Advocacy Conference, 8525 Gibbs Drive, Suite 209, San Diego, CA 92123

A confirmation letter with additional information will be sent prior to conference date.

No refunds after May 5, 2017, no exceptions.

Discounted registration fee for San Diego County residents made possible in part through the generous financial support of the Foundation for Developmental Disabilities.

27th Annual San Diego People First Self-Advocacy Conference
SATURDAY CONFERENCE REGISTRATION FORM – JUNE 3rd

Remember to complete the additional registration form for Friday registration!

PLEASE PRINT INFORMATION CLEARLY. COMPLETE ONE REGISTRATION FORM PER PERSON ATTENDING THE CONFERENCE, INCLUDING ATTENDANTS & SUPPORT STAFF.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

Please check: _____ Consumer _____ Parent _____ Attendant/Staff _____ Other

ADA ACCOMMODATIONS NEEDED: _____

Saturday activities include breakfast, keynote & workshop speakers, lunch and street fair.

CHOOSE ONE REGISTRATION OPTION BELOW:

(1) I am paying for the Saturday conference fees myself and having enclosed a check/money order for the full Saturday conference fees in the amount of **\$170.00.**

(2) Regional Center is paying for my Saturday conference fees and I HAVE talked to my Regional Center Service Coordinator about attending the Self-Advocacy Conference. *The conference is vendored with San Diego Regional Center under vendor number PY0871.*
Service Coordinator's Name: _____
Service Coordinator's Phone Number: _____

(Your application can NOT be processed if you do not provide this information.)

(3) I am attending as an aide/support staff with a self-advocate WHO HAS ALSO registered & paid for the conference. I have enclosed a check/money order in the amount of **\$70.00.**
Name of self-advocate I will be supporting: _____

(Please note: There are a limited number of reduced-rate registrations available for eligible aides/support staff, offered on a first come/first served basis. Once cap has been reached all aides/support staff must pay full conference fee amount. Contact Carmel at 858-571-7803 x118 regarding availability.)

THIS FORM IS FOR SATURDAY ONLY!!! If you are also attending on Friday (dinner/dance and staying in the hotel), you must also complete the yellow Friday registration form and return all forms/payment together.
Completed Registration packet, including all forms and payment, **DUE BY May 5th, 2017.**

DON'T FORGET TO SIGN AND RETURN ENCLOSED EMERGENCY INFORMATION AND WAIVER FORM!

If you have questions, call Carmel at **(858) 571-7803 x 118** or Laura at **(858) 278-5420 x 132**

Make checks payable to United Cerebral Palsy (UCP). Return payment and all completed forms to:
Self-Advocacy Conference, 8525 Gibbs Drive, Suite 209, San Diego, CA 92123

Registration Packet – Emergency Contact / Participation Waiver – SIGN & RETURN!!

PLEASE READ AND COMPLETE THIS FORM!

● **We need the following information for your personal safety** - the information provided below will be folded into the name badge holder of each participant for ready access in the event of an emergency for the purpose of providing timely and appropriate aid. One additional copy will be kept for the duration of the conference in a secure location and will only be accessible to authorized UCP staff. Please review and sign participation waiver on reverse side. Return this completed form with registration application and fee payment.

● **United Cerebral Palsy and conference volunteers/staff do not provide and are not liable for any direct supervision, medical, or personal care needs.** All supervision, medical and personal care (including assistance with toileting, medications, eating), and support in navigating and participating in all aspects of the conference are the responsibility of each conference participant. A support person must accompany all individuals needing any special assistance or supervision.

YOUR NAME (Conference Participant): _____

EMERGENCY CONTACT NAME(s): _____

EMERGENCY CONTACT PHONE NUMBER(s):

LIST ANY MEDICATIONS YOU TAKE *(include dosage and purpose- attach separate sheet if necessary)* :

SUPPORT PERSON’S (AT CONFERENCE) NAME AND PHONE NUMBER : (IF APPLICABLE)	
WHAT KIND OF ASSISTANCE WILL YOUR SUPPORT PERSON PROVIDE DURING THE CONFERENCE?	
DO YOU HAVE SEIZURES? <input type="checkbox"/> No <input type="checkbox"/> Yes	<i>(If yes, please describe the type of seizures, frequency, any intervention which should be done immediately after a seizure, and whether you have ever required hospitalization for a seizure)</i>
PLEASE LIST ANY OTHER PERTINENT HEALTH INFORMATION THAT MUST BE TAKEN INTO CONSIDERATION IN AN EMERGENCY SITUATION.	

I certify that the information above is accurate and that I have read and agree to the participation waiver (on reverse).

Signature of Attendee and/or Conservator

Date

Registration Packet – Emergency Contact / Participation Waiver – SIGN & RETURN!!

INDIVIDUAL PARTICIPATION WAIVER

I hereby release United Cerebral Palsy and its agents and employees from all claims, actions and injuries sustained to my person or property as a result of my participation in the 2017 San Diego People First Self-Advocacy Conference on the premises of the San Diego Marriott Mission Valley. I am aware of the risks involved in the Self-Advocacy Conference and that unanticipated and unexpected dangers may arise, and I assume all risks of injury to my person and property that may be sustained as a result and hold United Cerebral Palsy completely and fully harmless from all liability.

I authorize Self-Advocacy Conference staff to access medical aid and treatment on my behalf in the case of a medical emergency during the course of the conference. I understand that I am providing the health information (on reverse side of this waiver) for the purpose of providing appropriate aid in the event of an emergency. This information will not be used for any other purposes and will only be accessible to myself and authorized UCP staff during the course of the conference.

I understand that direct support - including but not limited to supervision, personal care, medication assistance, mealtime assistance, physical support in navigating conference grounds, and nursing care - is NOT provided by any agent of UCP or the Self-Advocacy Conference at any point during the conference events. If I require any such direct support, assistance or supervision I understand that I am responsible for arranging for my attendant or care provider to register for and accompany me at the conference.

If I am a client of the San Diego Regional Center and want SDRC to help me pay for the conference, I understand that Self-Advocacy Conference staff will be in contact with my Regional Center Service Coordinator for the purpose of coordinating funding. I consent to this contact and agree to provide the name and phone number of my Service Coordinator on my registration form.

I confirm that I am at least 18 years of age to participate in the Self-Advocacy Conference and that I agree to the above statements.

Please sign your name on page one – the other side of this form.